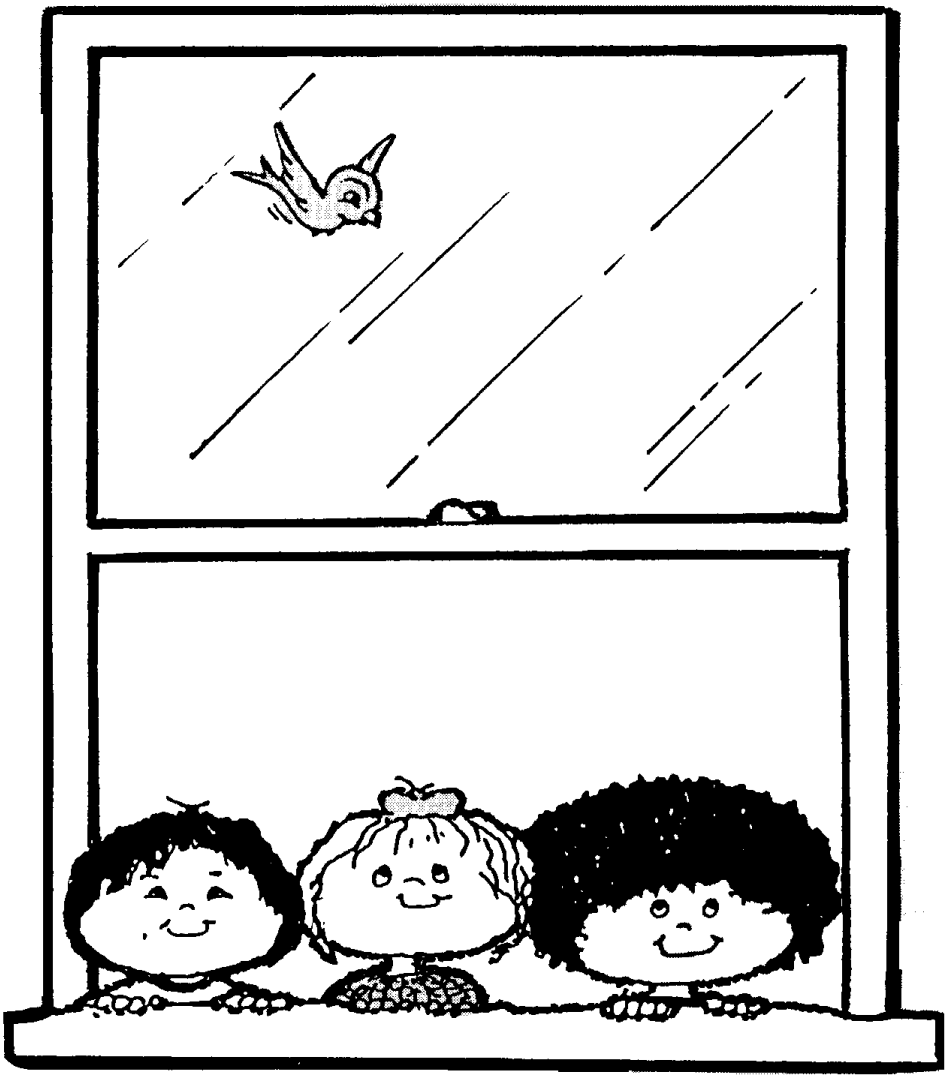
CHILDHOOD LEAD POISONING PREVENTION PROGRAMMING IN IOWA



A REPORT TO THE GOVERNOR AND TO THE GENERAL ASSEMBLY JANUARY 2001

EXECUTIVE SUMMARY

Childhood lead poisoning has significant effects on the health of children and on community health. Lead has adverse effects on nearly all organ systems in the body. It is especially harmful to the developing brains and nervous systems of children under the age of 6 years. At very high blood lead levels, children can have severe brain damage or even die. At blood lead levels as low as 10 micrograms per deciliter (µg/dL), children's intelligence, hearing, and growth are affected. Statewide, the prevalence of lead poisoning among children under the age of six years is 12.3 percent. This is nearly three times the national average of 4.4 percent. In a community, the presence of lead-poisoned children can be associated with an increase in the number of children with developmental deficits and learning disorders. This places an unnecessary and expensive burden on the educational system. The presence of lead-poisoned children also requires substantial community public health resources for medical and environmental case management services.

Most of Iowa's pre-1950 homes contain lead-based paint. Young children who live in pre-1950 homes become lead-poisoned when they put paint chips or exterior soil in their mouths or when they get house dust and soil on their hands and put their hands in their mouths.

Although lead poisoning can cause serious health problems -- including death -- most lead-poisoned children demonstrate no visible symptoms. This makes it much more important to have an effective program to prevent childhood lead poisoning. In Iowa, 71 of 99 counties currently have local childhood lead poisoning prevention programs (CLPPPs). These programs ensure that children are tested for lead poisoning, provide environmental and medical case management of lead-poisoned children, educate the community about childhood lead poisoning, and manage blood lead testing and case management data. In the other 28 counties, IDPH provides a minimum level of services.

Section 12 of Senate File 2429 (2000) directed the Iowa Department of Public Health (IDPH) to appoint an ad hoc committee to study the issue of childhood lead poisoning among Iowa children. IDPH convened a committee consisting of medical experts, health care providers, insurance companies, early childhood educators, housing officials, property owners, real estate interests, representatives of local childhood lead poisoning prevention programs (CLPPPs), laboratory representatives, housing finance agencies, and consumers.

The committee met three times in the fall of 2000. The committee recommended that the Iowa General Assembly do the following:

1. Pass legislation to require that all Iowa children under the age of six years be tested for lead poisoning.

2. Provide state funds for adequate support of current local CLPPPs and to allow CLPPPs to be started in the 28 counties where they do not currently exist.

3. Pass legislation to require that lead hazards be corrected in dwellings associated with lead-poisoned children.

BACKGROUND INFORMATION

Effects of Childhood Lead Poisoning on Individual and Community Health

Lead has adverse effects on nearly all organ systems in the body. It is especially harmful to the developing brains and nervous systems of children under the age of 6 years. At very high blood lead levels, children can have severe brain damage or even die. At blood lead levels as low as 10 micrograms per deciliter (µg/dL), children's intelligence, hearing, and growth are affected. This damage can be stopped if a child's lead exposure is reduced. However, the damage cannot be reversed. A child is considered to be lead-poisoned at a blood lead level of 10 µg/dL. The Centers for Disease Control and Prevention (CDC) chose this level because it is the level at which health effects can start to become significant. In addition, at this level, CDC recommends that action be taken to keep the blood lead level from increasing.

A number of studies have estimated that a child's IQ will drop by one to three points for every increase of 10 µg/dL in the child's blood lead level. In a community, the presence of lead-poisoned children can be associated with an increase in the number of children with developmental deficits and learning disorders. This places an unnecessary and expensive burden on the educational system. The presence of lead-poisoned children also requires substantial community public health resources for medical and environmental case management services.

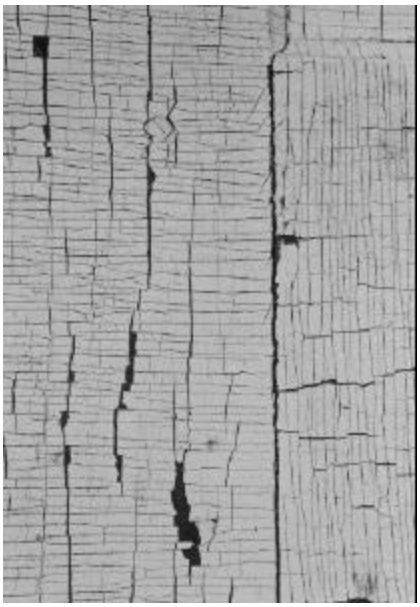
In 1991, the CDC estimated that the average benefit of preventing a child's blood lead level from rising above 24 µg/dL was $1,300 in avoided medical and public health case management costs, and $3,331 in avoided special education costs.

Demographic Factors Affecting Childhood Lead Poisoning

The two major demographic factors affecting childhood lead poisoning in a given area are:

- The percentage of pre-1950 housing and
- The percentage of children living in poverty.

Iowa's children are most commonly poisoned by lead-based paint found in homes built before 1950. Lead-based paint in a home becomes a lead hazard as it deteriorates and lead-based paint chips end up on the floors and in window wells throughout the home as well as in the soil around the exterior of a home. The paint chips also crumble and become part of the dust on the floors and window troughs. These homes are considered to have lead-based paint throughout.



Deteriorated lead-based paint.

Young children who live in these homes become lead-poisoned when they put paint chips or exterior soil in their mouths or when they get house dust and soil on their hands and put their hands in their mouths. Data from inspections done by the IDPH and local childhood lead poisoning prevention programs (CLPPPs) show that virtually all pre-1950 homes in Iowa contain lead hazards. Housing data from the 1990 census show that 42.9 percent of Iowa's housing (488,375 units) was built before 1950. This is substantially greater than the national average of 26.9 percent. When compared to the nation, Iowa ranks sixth in the percentage of housing built before 1950. Page 9 in the Appendix shows the percentage of pre-1950 housing in each county.

In areas where the rate of children living in poverty is high, pre-1950 housing is usually in poorer condition and contains more lead-based paint hazards than such housing in areas where the child poverty rate is lower. Seventeen percent of Iowa's children under the age of 6 years live in poverty. Page 10 in the Appendix shows the percentage of children under the age of 6 years living in poverty in each county. The rate of childhood lead poisoning among children correlates highly with the percentage of pre-1950 housing and the percentage of children living in poverty.

Prevalence of Childhood Lead Poisoning in Iowa

Children are identified as lead-poisoned through a blood test. Since 1992, the IDPH has recommended that all children under the age of six years be tested for lead poisoning. In addition, state and federal laws require that all children covered by Medicaid be tested for lead poisoning.

The Iowa Department of Public Health reports the rate of blood lead testing among children and the prevalence of lead poisoning by birth cohort. A birth cohort is a group of children born during a given time period.

Among the group of children born from January 1, 1992 through December 31, 1996, 37 percent had at least one blood lead test before the age of 6 years. Since the children born from January 1, 1994, through December 31, 1996, have not all reached their sixth birthday, the percentage of children tested will continue to increase. Statewide, the prevalence of elevated blood lead levels among this group of children was 12.3 percent. This is nearly three times the national average of 4.4 percent. Page 11 in the Appendix shows county data for the percentage of children from 1992 through 1996 who received at least one blood lead test before the age of six years. Page 12 in the Appendix shows county data for the percentage of these children who were identified as lead-poisoned.

CHILDHOOD LEAD POISONING PREVENTION EFFORTS

Although lead poisoning can cause serious health problems -- including death -- most lead-poisoned children demonstrate no visible symptoms. This makes it much more important to have an effective program to prevent childhood lead poisoning.

Iowa Department of Public Health's Role in Childhood Lead Poisoning Prevention

According to the CDC, a childhood lead poisoning prevention program (CLPPP) should carry out the following activities:

- Assure that children are tested for lead poisoning. The CLPPP may provide blood lead testing for children who do not have a medical provider.
- Provide environmental and medical case management of lead-poisoned children. This includes assuring that lead hazards in dwellings associated with lead-poisoned children are corrected. In addition, this includes assuring that lead-poisoned children receive appropriate follow-up blood lead testing, developmental testing, and medical treatment.
- Educate and reach out to families and communities to prevent children from becoming lead-poisoned.
- Manage blood lead testing data and data regarding case management activities.

These activities should be carried out by state and local health departments in partnership with state and local agencies with responsibility for housing programs.

Case management is the resource-intense and time-consuming activity in a CLPPP. Local CLPPP activities are carried out in a community by a partnership of local health and housing agencies. The IDPH provides funding and significant technical assistance to the local CLPPPs. Where there is not a local CLPPP to serve a community, the IDPH provides a minimal level of services. In the past eight years, the development of local CLPPPs has been an IDPH priority. Local agencies have more credibility in their own communities than the IDPH. Therefore, these agencies are more successful in gaining cooperation from physician, families, and community organizations.

In addition, since Des Moines is far from the corners of the state, travel takes up a lot of staff time when IDPH conducts activities, such as case management of lead-poisoned children and education and outreach, in communities. Distance is also a barrier to making repeated visits to families and community organizations that are necessary for a CLPPP to be successful. If local agencies conduct CLPPP activities, the distance barrier is removed.

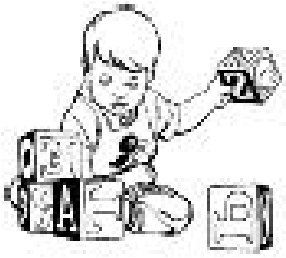
For example, in the counties served by local CLPPPs, about 40 percent of children born between January 1, 1992 and December 31, 1993, received at least one blood lead test before the age of 6 years. In the counties that were not served by local CLPPPs, fewer than half as many children (17.9 percent) received such a blood lead test. Similarly, in the counties served by local CLPPPs, lead hazards have been corrected in 43 percent of homes where lead hazards were identified, while in the counties not served by local CLPPPs, lead hazards have been corrected in only 17 percent of these homes. For these reasons, the IDPH has prioritized investments to expand local CLPPP coverage. Currently, local CLPPPs are active in 71 counties.

Page 13 in the Appendix shows the counties that currently have local CLPPPs.

Limitations to Current Childhood Lead Poisoning Prevention Efforts

There are six continuing problems limiting Iowa's childhood lead poisoning prevention efforts:

1. Many young children are not being tested for lead poisoning.
2. There is no new funding available to start local CLPPPs in the 28 counties that do not currently have programs.
3. Current CLPPPs are increasingly underfunded as their funding has been reduced in order to fund new local CLPPPs.



4. There is no statewide regulation and few local regulations that require lead hazard remediation.
5. There is no funding available to assist in completing hazard remediation in homes associated with lead-poisoned children.
6. There is no funding available to assist in completing hazard remediation in homes to prevent children from becoming lead-poisoned.

Mandates for Action

The IDPH has two mandates for action in childhood lead poisoning prevention. The first is *Healthy Iowans 2010*, which outlines the state's ten-year goals and objectives for health. Pages 14 to 17 in the Appendix contain the detailed goals and objectives for childhood lead poisoning prevention from *Healthy Iowans 2010*. The second mandate is Senate File 2429 (2000), a legislative mandate to address the problems related to childhood lead poisoning.

LEGISLATIVE MANDATE

Senate File 2429 (2000) states the following:

Sec. 12. Childhood Lead Poisoning Study and Report.

1. The director of public health, in consultation with an ad hoc committee appointed by the director and comprised of public health officials, health care providers, consumer groups, educators, early childhood development specialists, housing officials, property owners, real estate interests, representatives from the environmental health chapter team of Healthy Iowans 2010, and other members deemed appropriate by the director, shall conduct a study regarding prevention of lead poisoning among children in the state. The study shall include, but is not limited to, the following:

a. An assessment of the incidence and prevalence of lead poisoning in the state, including the determination of any geographic, social, or economic patterns or other common characteristics which identify vulnerable populations in the state who are at-risk of lead poisoning.

b. An evaluation of the effectiveness of current childhood lead screening efforts and voluntary options and alternatives to increase lead screening, including incorporating lead screening information and efforts into ongoing immunization programs and activities. The study shall also identify opportunities to increase and enhance efforts that focus on preventing lead poisoning in children.

c. A review of current federal, state, and local laws, rules and regulatory programs, including standards and other requirements associated with federal, state, and local housing programs. The review shall include an evaluation of options and alternatives to encourage the adoption of more uniform standards across the state.

d. An effort to identify additional federal funding sources and opportunities to enhance medical assistance match dollars to address lead poisoning prevention, screening, medical case management, and environmental remediation.

e. An evaluation of the availability and effectiveness of current resources, programs, and efforts to address lead poisoning in children.

f. Consideration of the findings and recommendations of Healthy Iowans 2010 relating to lead poisoned children.

The director shall submit a report of the study's recommendations to the governor and the general assembly by January 1, 2001, and shall present recommendations to a joint meeting of the human resources committees of the senate and house of representatives during the 2001 legislative session.

LEAD STUDY COMMITTEE PROCEDURE

The IDPH responded to this legislative mandate by convening a committee consisting of medical experts, health care providers, insurance companies, early childhood educators, housing officials, property owners, real estate interests, local CLPPP representatives, laboratory representatives, housing finance agencies, and consumers. The members of the committee are listed below.

Iowa Department of Public Health Lead Study Committee Members

Ben Bishop	City of Des Moines Housing
Vicki Evans	Wellmark Blue Cross and Blue Shield
Dr. Lar Fuortes	University of Iowa (Healthy Iowans 2010 Environmental Team)
Joan Gilson	Iowa Health Solutions
John Heisner	Iowa Landlords Association
Jeanne Hough	Upper Des Moines Opportunity, Inc.
Scott Johnson	Iowa Finance Authority
Teresa Jones	Good Samaritan Urban Ministries
Kathy Lamb	City of Dubuque Housing Services
Kyle Lundberg	Linn County Health Department Laboratory
Paul McLaughlin	Iowa Association of Realtors
Bill Milani	ADLM Environmental Health
Mabel Moore	Iowa Farm Bureau Women
Sally Nadolsky	Iowa Department of Human Services Medicaid Program
Susan Pohl	Iowa Department of Public Health WIC Program
Mike Prideaux	Black Hawk County Health Department
Dr. Robert Schultes	Iowa Academy of Family Practice
Don Simmons	University Hygienic Laboratory
Kelly Stoller	Visiting Nursing Association of Clinton County
Kathleen Van Zandt	Iowa Department of Public Health Child Health Program
Jody Verbraken	Verbraken and Sons Painting and Decorating
Terry Vestal	Iowa Department of Economic Development
Dr. Doug Weisman	University of Iowa
Kim Young-Kent	Tri-County Head Start

The committee met on October 10, November 8, and December 6 of 2000. Dr. Ed Schor, Associate Medical Director for IDPH and Medical Director of the Division of Family and Community Health, served as the committee's facilitator. At its first meeting, the committee reviewed detailed background information on childhood lead poisoning and the current IDPH blood lead testing recommendation. At its second meeting, the committee reviewed federal, state, and local regulations regarding lead-based paint and lead poisoning. In addition, the committee reviewed information regarding Iowa's local childhood lead poisoning prevention programs. Representatives of local CLPPPs presented information regarding the effectiveness and limitations of their current childhood lead poisoning prevention efforts. At its third meeting, the committee finished its review of Iowa's childhood lead poisoning prevention programs. The committee also reviewed the issue of primary prevention and the *Healthy Iowans 2010* recommendations for childhood lead poisoning prevention. Finally, the committee developed its final recommendations to the Iowa General Assembly and to IDPH.

Copies of the background information presented to the committee and meeting minutes are available upon request from the IDPH Bureau of Lead Poisoning Prevention.

LEAD STUDY COMMITTEE RECOMMENDATIONS

1. The IDPH should continue to recommend that all Iowa children be tested for lead poisoning. **The committee also recommended that the Iowa General Assembly pass legislation to require that all Iowa children under the age of six years be tested for lead poisoning.** The committee recommended that a family be required to show proof of a blood lead test before a child entered school or daycare. In addition, the committee recommended that IDPH develop a procedure by which families whose children are very low risk for lead poisoning could request an exemption from the requirement.

2. **The Iowa General Assembly should provide state funds for adequate support of current local CLPPPs and to allow CLPPPs to be started in the 28 counties where they do not currently exist.** Expansion should occur over a three-year period. Table 1 provides the IDPH estimate of the FY2002 funding needed to expand and maintain local CLPPPs.

Table 1
Fiscal Year 2002 Funding Estimates to Maintain and Expand Local CLPPPs

Restores funding for original 64 counties*	$100,000
IDPH FY2002 budget request for childhood lead poisoning prevention. This would provide maintenance funding for 7 new counties funded by Wellmark in FY 2001 and start-up funding for 2 new counties	81,500
Start-up funding for 7 new counties in FY 2002	127,000
Current state annual appropriation	39,000
Total state funding needed for FY2002	**$348,000**

* Funding to these counties was reduced to start new programs.

The committee recommended that the legislature provide total state funding for FY 2003, FY 2004, and FY 2005 of $465,000, $599,000, and $559,000 respectively. After FY 2005, all counties would have local CLPPPs. In FY 2006 and in subsequent fiscal years, a state appropriation of $559,000 would be needed to maintain all the local programs. (These funding recommendations assume that federal funding remains at its current level.) Page 18 in the Appendix shows the funding sources and funding history for Iowa's childhood lead poisoning prevention program as well as the derivation of the funding estimates for FY2002 -- FY2006.

3. **The Iowa General Assembly should pass legislation to require that lead hazards be corrected in dwellings associated with lead-poisoned children.** The committee recommended that IDPH meet with associations of property owners and real estate interests to develop acceptable legislative language.

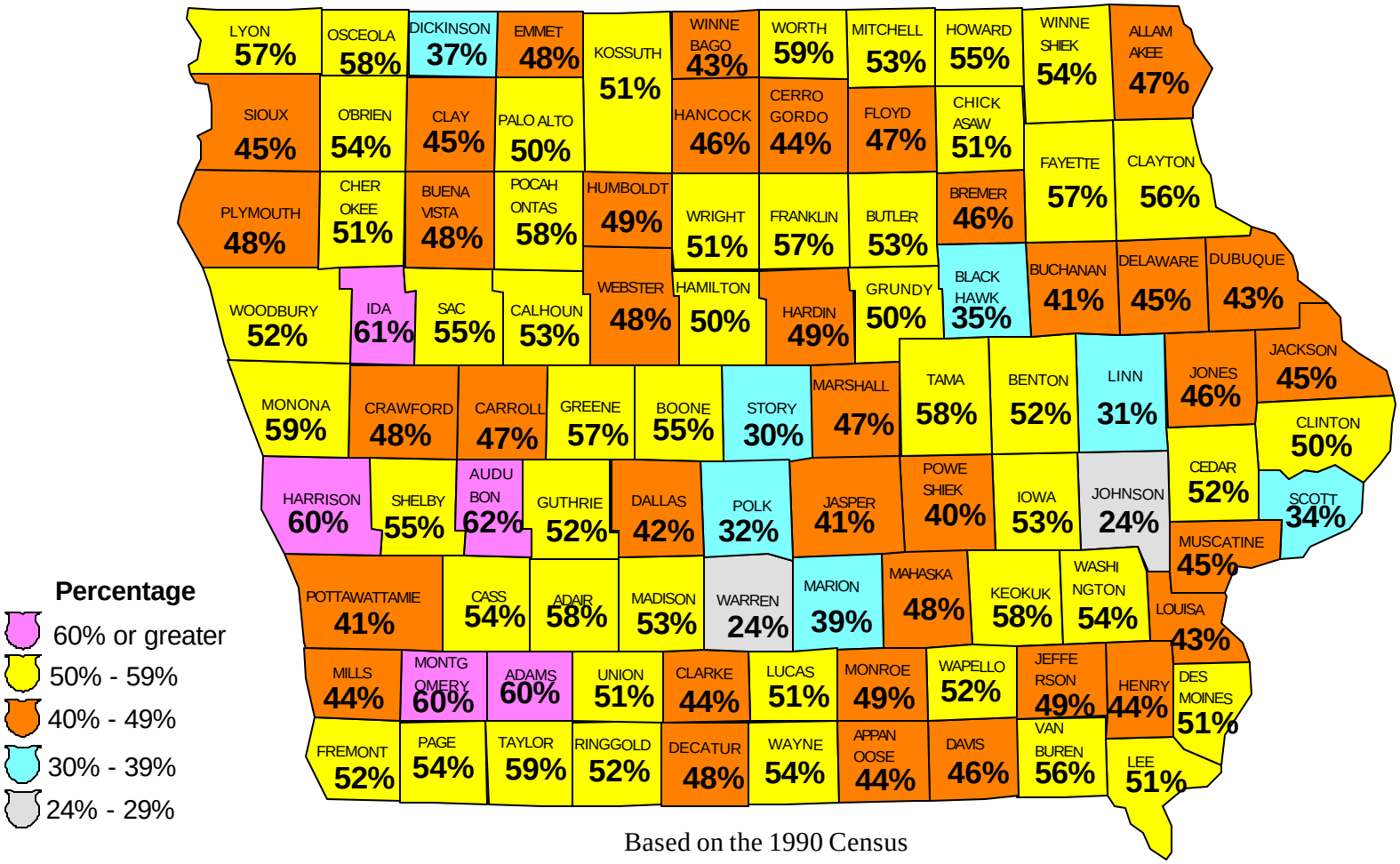
4. The committee made three additional recommendations to the IDPH:

- The IDPH should survey local CLPPPs about the need for funding to assist families in correcting lead hazards.
- The IDPH should investigate options for reporting the race and ethnicity status as well as the refugee and/or immigrant status for all children tested for lead poisoning.
- The IDPH should reconvene a similar committee in the fall of 2001 to determine if any additional recommendations should be made to the Iowa General Assembly about these issues.

APPENDIX

Pre-1950 Housing

State Average 42.9% National Average 26.9%

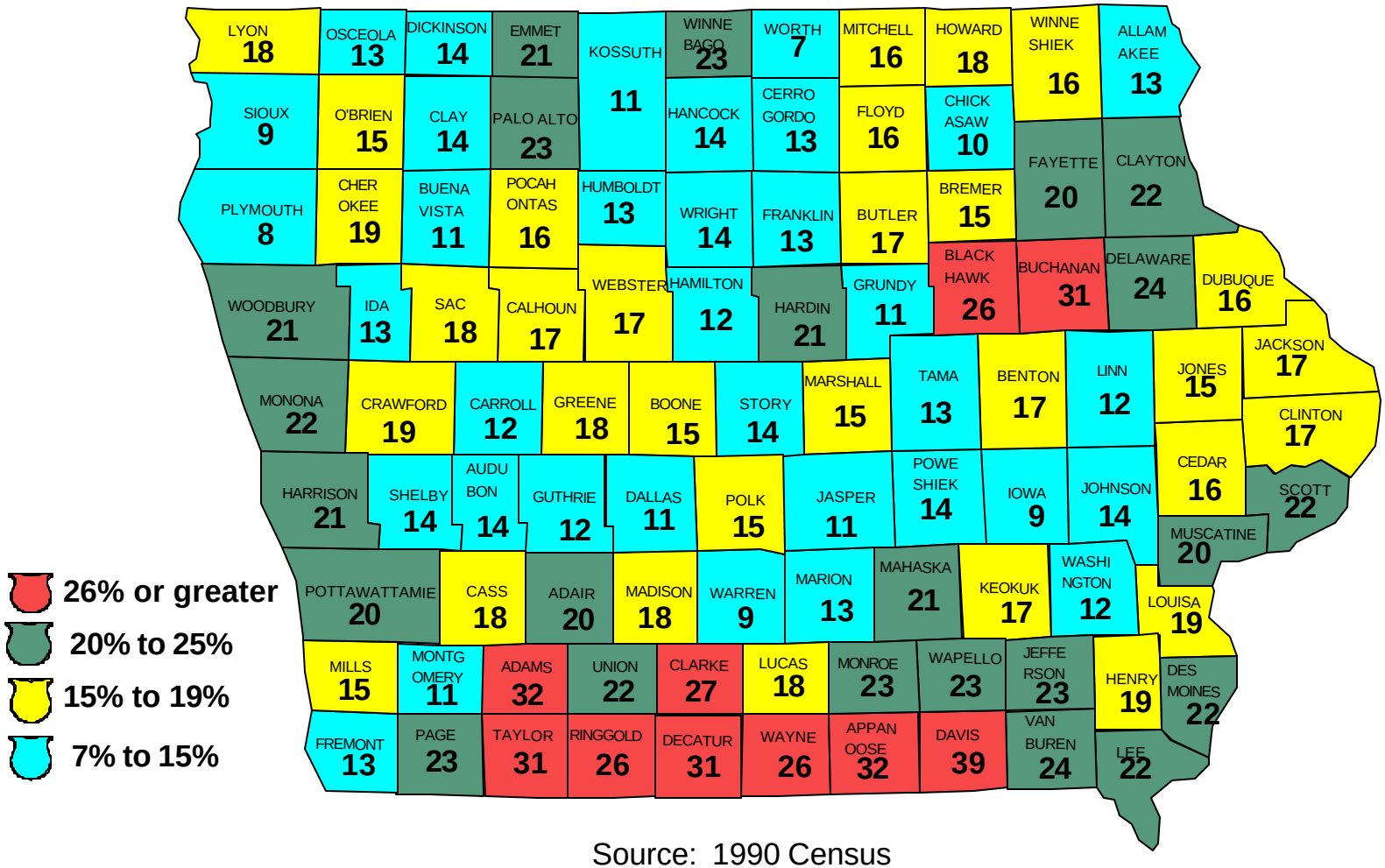


Based on the 1990 Census

IDPH 1998

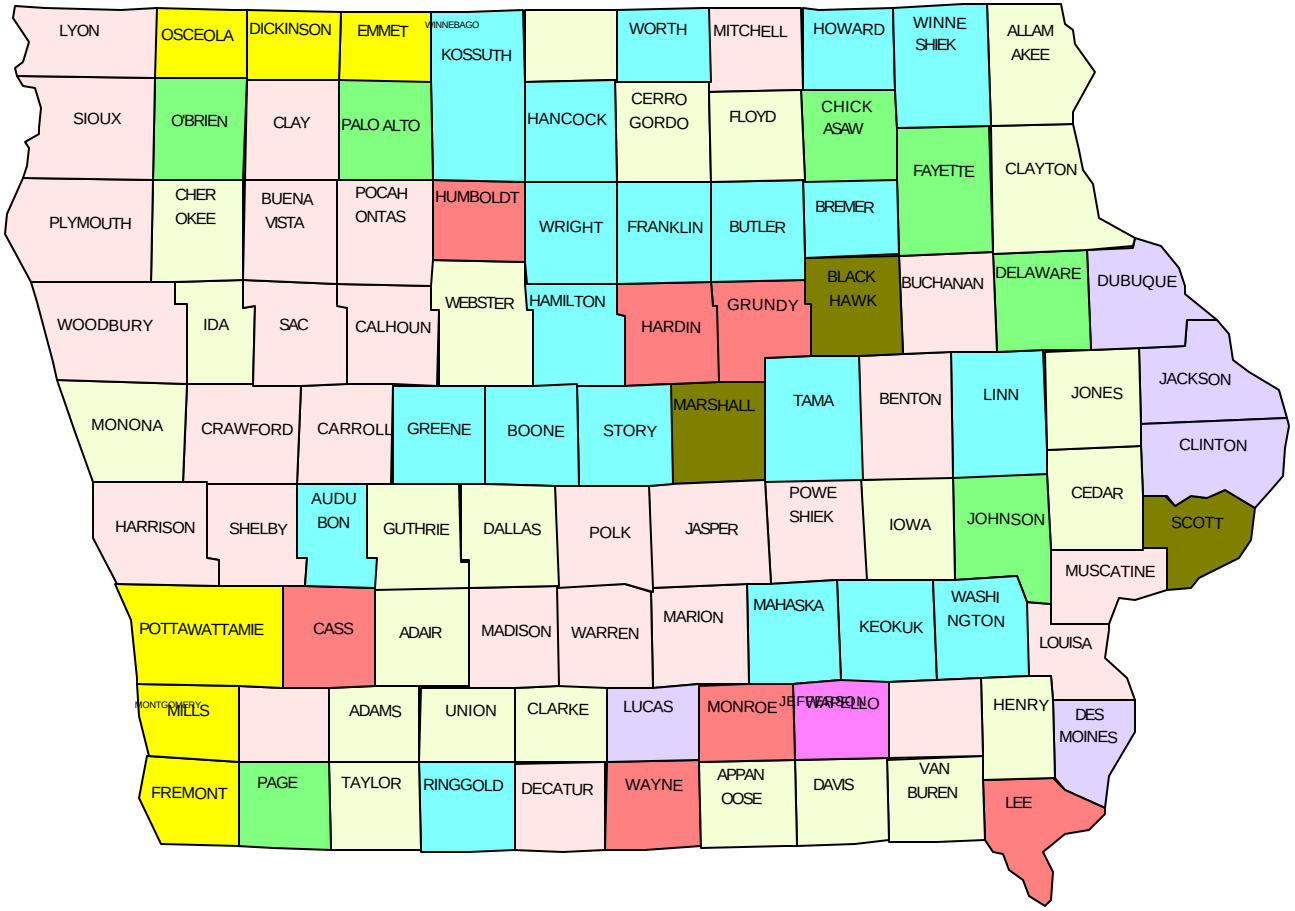
Percentage of Children Under 6 Years of Age Living in Poverty

State Average 17%

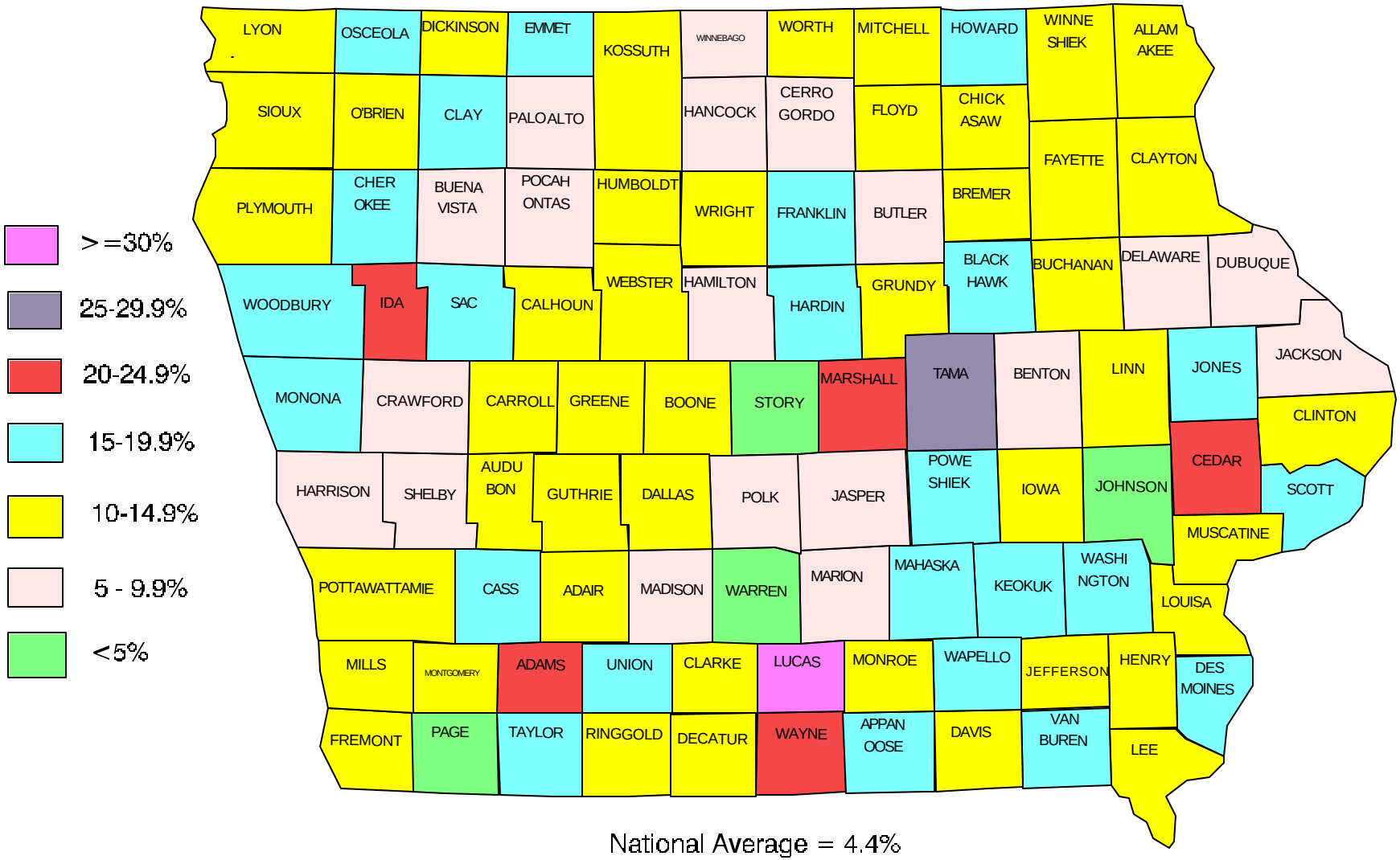


Source: 1990 Census

PERCENT OF CHILDREN BORN 1/1/1992 -- 12/31/1996 WHO WERE TESTED BEFORE THE AGE OF 6 YEARS (NOTE: SOME CHILDREN NOT YET 6 YEARS OLD)



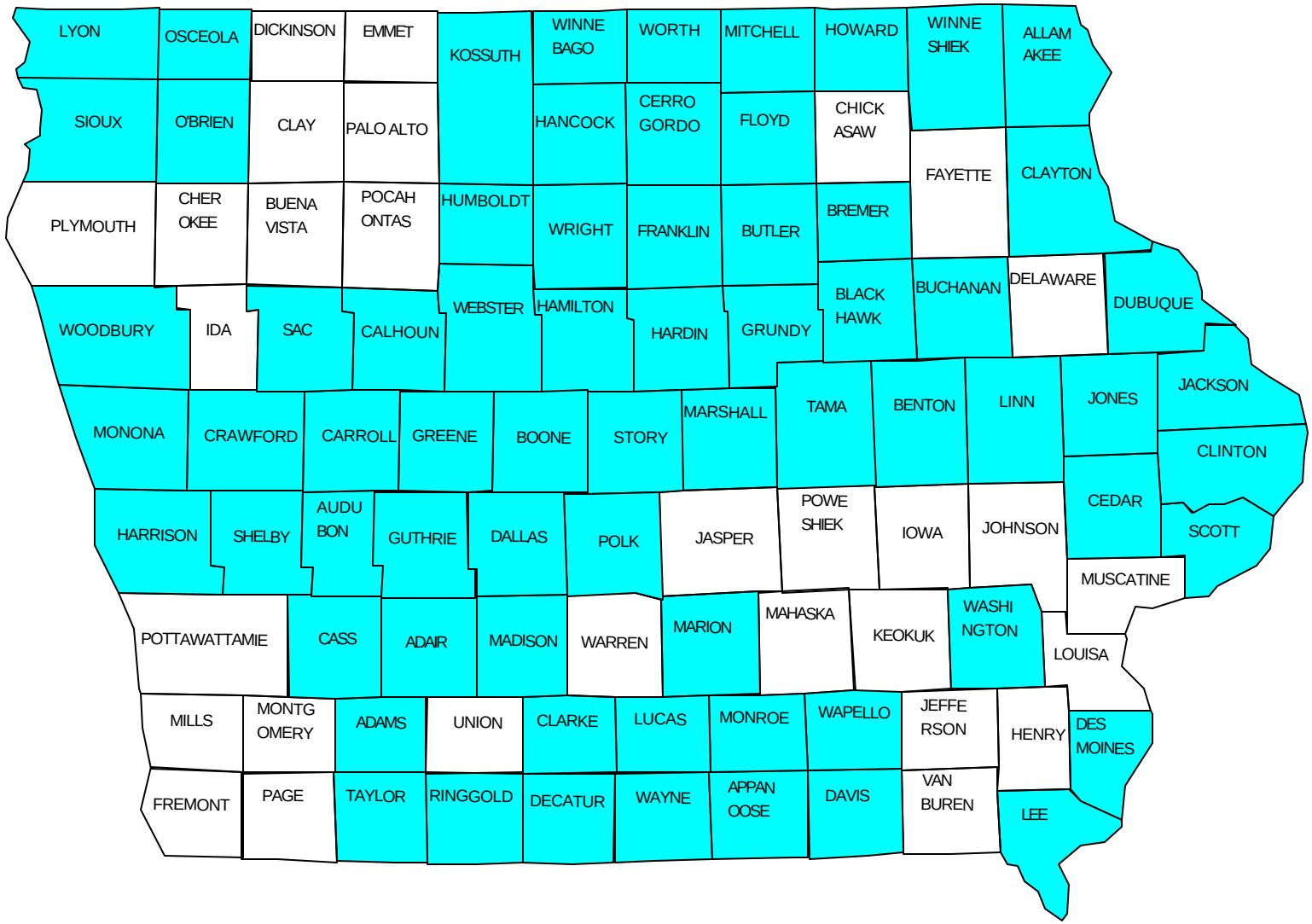
PERCENT OF CHILDREN BORN 1/1/1992 -- 12/31/1996 WHO WERE TESTED BEFORE THE AGE OF 6 YEARS AND WERE IDENTIFIED AS LEAD-POISONED (SOME CHILDREN NOT YET 6 YEARS OLD)



National Average = 4.4%

State Average = 12.3%

Counties that have local childhood lead poisoning prevention programs



HEALTHY IOWANS 2010

CHILDHOOD LEAD POISONING

GOAL STATEMENT

Reduce the prevalence of blood lead levels greater than or equal to 10 micrograms/deciliter (µg/dL) to 4% of children under the age of 6 years. (Baseline: Data gathered from mandatory reporting of blood lead testing from 1992-1998 shows an estimated 12.6% of Iowa children under the age of 6 years have blood lead levels of 10 micrograms per deciliter (µg/dL) or greater.)

RATIONALE

Lead is a poison affecting virtually every system of the body, and lead poisoning is the single most preventable childhood disease. The Center for Disease Control (CDC) estimates that 20% of children with blood lead levels greater than 20 µg/dL will need special education. According to the CDC, childhood lead exposure costs the United States billions of dollars from medical and special education costs for poisoned children and decreased future earnings of these children.

The rate of lead poisoning among Iowa children under the age of 6 years is approximately three times the national average. One child out of seven tested in Iowa is lead-poisoned.

HEALTH EFFECTS	BLOOD LEAD LEVELS	IOWA PERCENT OF LEAD POISONING	NATIONAL AVERAGE
Learning Disabilities	10 µg/dL*	12.6%	4.4%
Developmental Problems (hearing & growth) Lower IQ's	15 µg/dL	4.8%	1.3%
Nerve Problems	20 µg/dL	1.5%	0.4%
Slower Reflexes Kidney Problems Brain Damage (at very high levels)	25 µg/dL	0.9%	0.0%

*Note: µg/dL = micrograms per deciliter

Source: Centers for Disease Control and Prevention and the Iowa Department of Public Health

From July 1992 - December 1997, 13 children had venous blood lead levels greater than or equal to 70 µg/dL, which is considered a medical emergency and can result in brain swelling, coma, and convulsions. Highest venous blood lead level reported was 360 µg/dL in an 18-month-old child.

The IDPH recommends that all children under the age of 6 be tested for lead poisoning. However, this is not currently being done due to lack of funds and education in the medical community.

According to the 1990 census, Iowa has approximately 230,746 children under the age of 6 years.

Approximately 23,000 Iowa children (10%) are currently screened each year for lead poisoning. Approximately 200,000 children under the age of 6 in Iowa are not screened for lead. Each year, an additional 30,000 Iowa children may have undiagnosed lead poisoning, based on the current lead poisoning rate of 12.6%

The primary route of lead exposure to children is through deteriorating and/or accessible lead-based paint. Eliminating lead-based paint hazards will aid in prevention of future lead poisoning.

The single largest contributor to the childhood lead poisoning problem in Iowa is the current housing stock, which is one of the oldest in the nation.

Data from inspections done by the IDPH and local Childhood Lead Poisoning Prevention Programs (CLPPPs) show that virtually all pre-1950 homes in Iowa contain some lead hazards.

Housing data from the 1990 census show that 42.9 percent of the housing in Iowa (488,375 units) was built before 1950. This is substantially greater than the national average of 26.9%.

Iowa ranks sixth among the 50 states in the percentage of housing units built prior to 1950. In 90 of Iowa's 99 counties, the proportion of housing built prior to 1950 ranges from 40% to 60%.

Locally staffed programs will be able to supply more timely and effective environmental and medical case management to lead-poisoned children as well as provide education about lead poisoning prevention. No two communities have the same set of problems or same resources to address these problems. Therefore, communities are better equipped to identify and address the problems faced by their residents.

Local health departments have reported increased screenings from local education and coalition efforts, based on a 1998 survey by the IDPH lead program. Increasing coalition presence within the community and providing education to groups focusing on children's issues will increase overall community awareness of the problem and lead to primary prevention of lead poisoning.

ACTION STEP 1

Initiate additional local childhood lead poisoning prevention programs and continue to support existing programs across the state of Iowa so that, by January 1, 2005, these programs will be available in all 99 counties in Iowa. (Baseline: These programs currently serve 66 counties.)

ACTION STEP 2

Increase the number of children tested for lead poisoning so that by January 1, 2005, all Iowa children under the age of 6 years receive blood lead testing at the appropriate intervals for each child's risk. Data from the STELLAR (Systematic Tracking of Elevated Lead Levels and Remediation) database indicate that 10% of Iowa children under the age of 6 years are currently tested for lead poisoning each year; increased testing can be accomplished by the following activities:

- Educate physicians and other screening providers by current and additional local programs, and by sending a yearly reminder to physicians.

- Educate parents; childcare providers; social workers; nutrition outreach workers; public health nurses; leaders of minority, immigrant, and refugee populations; and other groups that have frequent contact with children.

- Implement a required lead test for children entering childcare; currently, a pre-entrance exam is required for all children entering a child care facility; the IDPH is developing a prototype of the physical exam form, including lead poisoning screening; the form would be distributed to childcare providers and included in the childcare provider handbook. (An IDPH action step)

ACTION STEP 3

Adopt by January 1, 2001 a model regulation for lead hazard remediation in the case of a lead-poisoned child, using the authority of *Iowa Code* 135.105B, which other cities and counties could adopt; and increase by July 1, 2002, the number of counties that have adopted such a regulation to include eventually all 99 counties; 10 counties have adopted such a regulation to date. (An IDPH action step)

ACTION STEP 4

Increase the completion rate for lead hazard removal so that by January 1, 2005, 90% of homes with lead hazards, that are associated with a lead-poisoned child, will be treated within six months of hazard identification. (Data from the STELLAR database indicate that treatment is completed within six months for 25% of the homes in which hazards are identified.) (An IDPH action step)

ACTION STEP 5

Develop a matching grant program, by January 1, 2005, to aid families in covering the costs of treating lead hazards in their homes. (An IDPH action step)

ACTION STEP 6

Increase community awareness of lead poisoning and community involvement in primary prevention activities by:

- Having local programs increase the number of coalitions dealing with childhood lead poisoning to cover all 99 counties and increasing to 25% the percentage of citizen (non-government or healthcare employees) involvement by January 2005. (Coalition and minorities, immigrant, and refugee populations currently serve 41 of 99 counties with citizen involvement at approximately 5%).

- Providing visual risk assessment education to social worker; childcare providers; nutrition outreach workers; leaders of minority, immigrant, and refugee populations; and other groups who routinely visit homes with children.

- Supporting the development and implementation of Farm*A*Syst/Home*A*Syst, an assessment program, using appropriate language and cultural sensitivity;

Additional state funds of $600,000 per year would be needed to accomplish these five objectives. Funds would be needed to cover:

1. Start-up and continuing costs for local programs.
2. The costs of environmental and medical case management for children identified as lead-poisoned.
3. Costs for blood lead testing for children with no other source of payment.
4. To pay for education and outreach to physicians, housing inspectors, social workers, parents, and homeowners regarding screening and primary prevention of childhood lead poisoning.

ACTION STEP 7

Utilize the Stellar data system to record the race or ethnic background of lead poisoned children and initiate a system to identify immigrant and refugee children who are lead-poisoned so a baseline can be established by the year 2005. (An IDPH action step)

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FUNDING HISTORY AND FUNDING ESTIMATES

Table 2 below provides a five-year history of the federal and state funding for the Childhood Lead Poisoning Prevention Program in the Iowa Department of Public Health (IDPH) as well as an accounting of general program expenditures. Since Fiscal Year 1997, the number of local lead poisoning prevention programs has increased by 13 programs (22.4 percent) while state and federal funding to the Iowa Department of Public Health Childhood Lead Poisoning Prevention Program has decreased $38,000 (3.6 percent). In Fiscal Year 2001, the IDPH received a $77,000 grant from the Wellmark (Blue Cross/Blue Shield) Foundation. This funding will help to allow the Childhood Lead Poisoning Prevention Program to expand local programs to Henry, Lyon, Mills, O'Brien, Osceola, and Sioux counties.

Table 2
Funding for Childhood Lead Poisoning Prevention Program

Fiscal Year	Federal Funds	State Funds	Number of Counties Funded	Dollars Contracted	IDPH Direct Services	Administration and Support
1997	$802,799	$75,000	46 Old 12 New	$436,940 to counties	$340,859	$100,000
1998	$738,315	$39,547	58 Old 3 New	$374,542 to counties $89,889 lab services	$213,431	$100,000
1999	$800,000	$39,547	61 Old 3 New	$587,662 to counties $103,345 lab services	$ 74,225	$ 74,225
2000	$750,000	$39,547	64 Old	$544,725 to counties $75,000 lab services	$ 84,911	$ 84,911
2001*	$800,000	$39,547	64 Old 7 New	$617,000 to counties $100,000 lab services	$ 99,774	$ 99,774

*Expenditures reflect an additional $77,000 received from the Wellmark Foundation.

The goal of the Childhood Lead Poisoning Prevention Program is to expand local prevention programs to all of Iowa's 99 counties. Currently, there are 28 counties in Iowa that do not have local lead poisoning prevention programs. The IDPH estimates that it will cost an average of $17,000 per county to start up a new local prevention program. However, since new programs require a significant amount of technical support from IDPH, the department recommends that programs be started in nine new counties per year. This would make the start-up cost for nine counties approximately $153,000. The cost to maintain the new programs will vary from an average of $8,000 for a county with a small population to $13,000 for a county with a large population. The seven new programs already started in FY 2001 are in counties with small populations. It will cost a total of $56,000 to maintain these programs. The 28 counties without local programs have larger populations and will require an average of $13,000 per county to maintain.